



University Hospitals

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JUL 26 2012

**EMPLOYEE'S HEALTH CONDITION
 CERTIFICATION OF PHYSICIAN OR PRACTITIONER**
Family and Medical Leave Act (FMLA) / UH Medical Leave of Absence

CH

Employee's Name (print): JOHNSON VICTORIA ☐ MD

Last First M.I.

3646 Lynfield Road SHAKER HEIGHTS, OHIO 44122
 Address City / State / Zip Code

Phone #: 216 750 1009 Last 4 digits of Social Security #: 8450 Date of Birth: 1 / 15 / 1958Department: PROVIDER ENROLLMENT Manager: STEVE RIDDLE Manager's Office #: _____

I hereby authorize University Hospitals Corporate Health Staff to contact the physician/practitioner for clarification and/or to determine authenticity of this form.

Employee Signature: [Signature] Date: _____

If this form is incomplete it may be returned to the employee to have their physician/practitioner complete.

☐ Date first seen for "current" condition 2 / 13 / 2012 Date Leave to start: 7 / 26 / 12☐ Reason for Leave: Anxiety - Work Related☐ Regimen of Treatment:☒ Prescribed Medication(s): Zoloft + Sonas☐ Referral to Specialist: (Name & Specialty) _____ (Appt Date) ____ / ____ / ____☐ Surgery: (Date) ____ / ____ / ____ (Procedure) _____☐ Inpatient Stay: (Date Admitted) ____ / ____ / ____ (Date Discharged) ____ / ____ / ____☐ Other (i.e. PT, Chemo, Radiation) _____

If pregnancy: Expected Date of Delivery: ____ / ____ / ____

If FMLA to start before expected delivery date, what is the first date of Leave? ____ / ____ / ____

Reason for early Leave: _____

☐ Employee is unable to perform his/her job and must remain off work until: 8 / 8 / 12

Signature of Physician/Practitioner: [Signature] Date: 7 / 26 / 12
 Print Name: David Hessler MD Fax #: (216) 464-2930
 Field of Specialization: Int Med Phone #: 216 464-1115
 Address: 3909 Drense City/State/Zip Code: Orange Village OH 44122

<input type="checkbox"/> Bedford Medical Center	<input type="checkbox"/> Richmond Medical Center	<input type="checkbox"/> UH Case Medical Center	<input type="checkbox"/> Home Care Services
<input type="checkbox"/> Conneaut Medical Center	<input type="checkbox"/> UHPS/UHMSO	<input type="checkbox"/> UH Corporate Office	Donna Schott, RN
<input type="checkbox"/> Geauga Medical Center	<input type="checkbox"/> UHMG/UHMP/UPCP	<input type="checkbox"/> Seidman Cancer Center	Fax (216) 201-4072
<input type="checkbox"/> Geneva Medical Center		Lisa Edgehouse, RN	Ph. (216) 765-2797

Kara Ladaika, RN
 Fax (216) 201-4095
 Ph. (216) 844-6088

EXHIBIT
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Fax (216) 201-4096
 Ph. (216) 844-8583

☐ Ahuja Medical Center
Donna Gigliotti, RN
 Fax (216) 201-5651

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